

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF NEW YORK	
ANDREW IN BAXTER	CV 22-7445
	0 1 22 7 113
	CIVIL RIGHTS COMPLAINT
Plaintiff,	42 U.S.C. § 1983
[Insert full name of plaintiff/prisoner]	
	JURY DEMAND
-against-	YES NO
N 1= = = 0	Chan I
M. VESPA	Chen, J.
M. OVERHOFF	Bloom, M.J.
Defendant(s).	
[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate	
page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]	
frames listed above must be identical to those listed in Fartij	
I. Parties: (In item A below, place your name in the address and telephone number. Do the same for	
A. Name of plaintiff ANOREM IN.	BAXTER
If you are incarcerated, provide the name of the f	acility and address:
ENSTERNI (DRECTONIA)	for all 1
Rox 338	Hemi
alacklards that works	J58-0328
MACHOCH INEW PEN 12	7000770
Prisoner ID Number: 13A3328	

if you are not incarcerated, p	provide your current address:
Telephone Number:	
B. List all defendants. You addresses at which each defendant defendants named in the caption or	u must provide the full names of each defendant and the may be served. The defendants listed here must match the page 1.
Defendant No. 1	Full Name (077=(+10NA) Office12
	Job Title Attica CORPERTURIAL FACILITY 639 EXCHANGE STREET
Defendant No. 2	Address Altick Inlew bek 14011
	CORRECTIONAL OFFICER Job Title
	Address Allen Will 14011
Defendant No. 3	Full Name
	Job Title

	Address
Defendant No. 4	Full Name
	Job Title
	Address
Defendant No. 5	
	Full Name
	Job Title
	Address
II. Statement of Claim:	
well as the location where the ever how each person named was invo	of your case. Include the date(s) of the event(s) alleged as not accurred. Include the names of each defendant and state lived in the event you are claiming violated your rights. You so or cite to cases or statutes. If you intend to allege a number forth each claim in a separate paragraph. You may use over as necessary.)
Where did the events giving rise to	your claim(s) occur? 1 HT FAITH HOLL
	1 314 - 11
Mary 1914	clude approximate time and date) The Edition
•	- 2022 BETWEEN THE TIMES
MACGINED MAY-9	- Wild DETAILED!

Facts: (what happened?) On May 4-2022 Brainfrul Linus
SAM - GAM ENTERED INTO MY CELL AT ATTER CORRELICATE
WERE Offices M. OUTRHOFF AND W. VESCH. THESE TIME
ENTERED KIY CEll With handcoff AROUND There havels
USING THEN IN THE FASHEON OF BREED HALL KUES
IN which THOSE TIME Offices Assaulted HE
INILL SUCK WEAPONS. CASING WE TO HAVE MY TOTAL
Chipped A pash on the Eight site of my head
These Two offices Pere Recentrally stack
IN THE PACE SILLE of My head, THEN believe
And soil on me

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I have selaminal a chieffer Tooth in which

The Brent To dental fee, Along while PERMENTENT

CARS TO THE RICH Syste of my head. I've Been

RECIEMINA MEdication for Excensiating MIGRAINES

THE BREN EXPERIANCING SINCE

	·
Relief: State what relief	f you are seeking if you prevail on your complaint.
	1000 from Each defentionit
ELINING SCC	
OR MY PERFICE	WENT SCARING, MENTAL ANGENSAL
when with or	TIM And Soffering, I ENCLOSED
	and choosed Tooth As well
PA B MEVAKUI	and could be
emplaint to prison authorities attes District Court for the East	(name or prison)
I declare under penalty	of perjury that the foregoing is true and correct.
, , , , , , , , , , , , , , , , , , , ,	
ated: 11- 28-22	Mulin Ju
	Signature of Plaintiff
	FASTERI CERRESIGNIAL PACIFY
	Name of Prison Facility or Address if not incarcerated
,	P.O. BC1 338
	MADANCCH INFON YORK 12458-C
	Address
	13A3328
	Prisoner ID#

ANDREW BAYLER 13CASE 8:32 OV-06561-EAW DOCUMENT 1 Filed 12/02/22 Page 6 of 6 - LEGAL MAIL-LEGAL MAI

-Egal Mail-

United States District Coord
EASTERNI DISTRICT OF MEW YORK
225 CADMANI PLAZA EAST, BROOKIN 11201
ALTO PRO SE OFFICE

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